



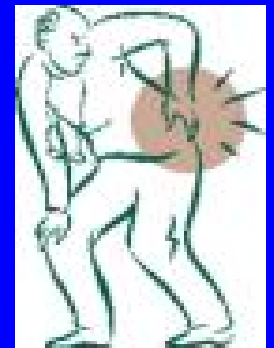
WORKERS COMPENSATION MEDICAL REVIEW CONSULTATIONS

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Biometrics, Uniformed Services University of the
Health Sciences.**

WHY WORKERS COMPENSATION IS AN IMPORTANT PROGRAM TO MILITARY OCCUPATIONAL MEDICINE PHYSICIANS

- WORKERS COMP COSTS THE DOD APPROXIMATELY \$600 MILLION DOLLARS A YEAR
- AN INJURED WORKER WITH A BACK SPRAIN THAT NEVER RETURNS TO WORK CAN COST THE MILITARY ONE MILLION DOLLARS OVER A LIFETIME



DoD SHARE Initiative

- On January 9, 2004, President Bush announced the Safety, Health and Return-to-Employment (SHARE) Initiative directing Federal agencies to establish goals and track performance in 4 major areas:
 - 1) lowering workplace injury and illness case rates
 - 2) lowering lost-time injury and illness case rates
 - 3) timely reporting of injuries and illnesses and
 - 4) reducing lost days resulting from work injuries and illnesses.

Workers Compensation Program Management Responsibilities

- DOL
 - OWCP (Office of Workers Compensation Programs)
 - FECA
- DoD
 - CPMS (Civilian Personnel Management Service)
 - CPMS MANUAL
 - DOD 1400.25-M, April 2005

CPMS Manual: DoD 1400.25-M, April 2005

- Outlines the responsibilities for an effective workers compensation program in the DoD
- SC810.3.5. Activity Medical Service
- SC810.3.5.1. Medical Officers. Medical officers review all reported cases of occupational illness and take or recommend action.
- SC810.3.5.1.1 Upon the ICPA's request, Activity Medical Officers shall provide medical information to be sent to OWCP to support or to controvert a claim for an occupational illness or work-related injury. They also:

DoD 1400.25-M, April 2005

- SC810.3.5.1.2. As necessary, communicate with the employee's personal physician to clarify medical evidence when ICPA's attempts fail;
- SC810.3.5.1.3. Conduct a medical review of controversial and complex cases;

DoD 1400.25-M, April 2005

- SC810.3.5.1.4. With the treating physician's recommendations, participate with the CPO/HRO in returning employees to duty as soon as medically feasible;
- SC810.3.5.1.5. Assist the ICPA in informing the local medical community of FECA program and problems being experienced;

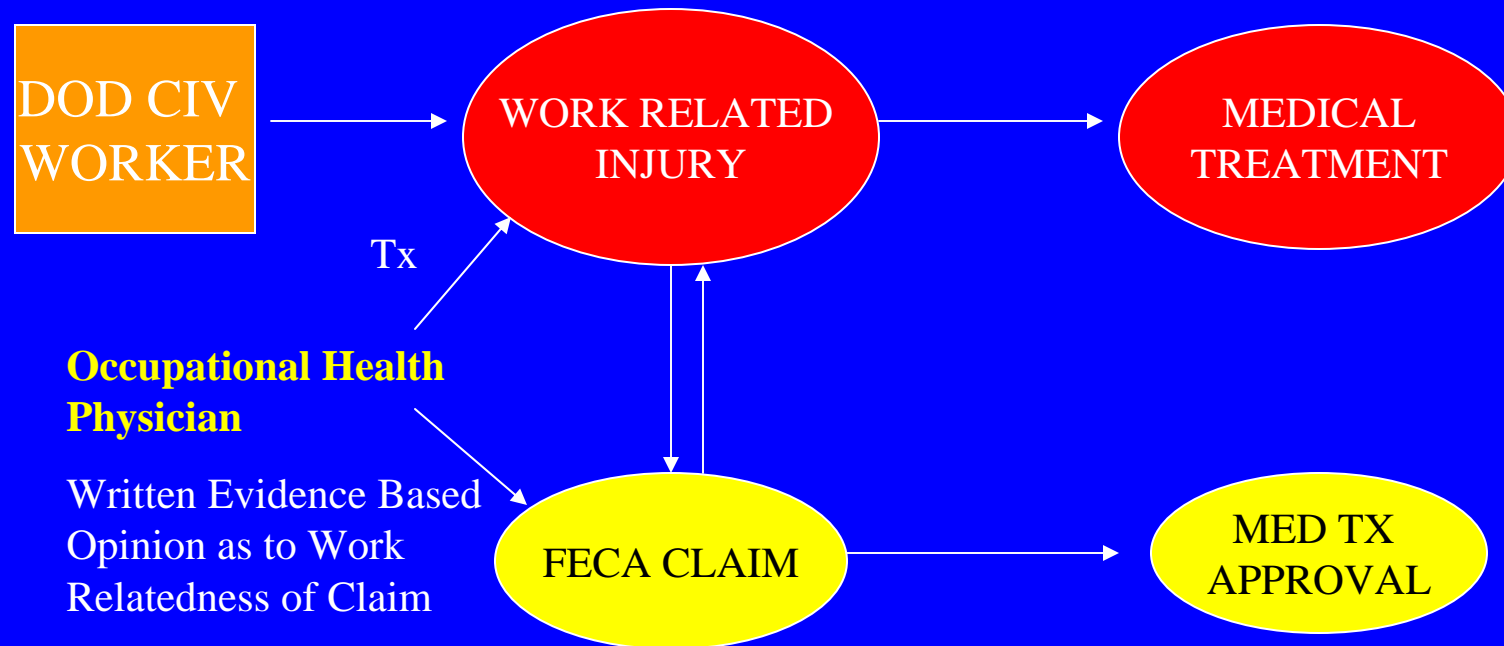
DoD 1400.25-M, April 2005

- SC810.3.5.1.6. Review, evaluate, and recommend light-duty or limited-duty assignments and make recommendations on employee placements involving work limitations;
- SC810.3.5.1.7. Advise the attending physician that the medical facility may give supportive treatment such as physical therapy, under his or her direction (arrangements should be made with the concurrence of the employee and attending physician); and,

DoD 1400.25-M, April 2005

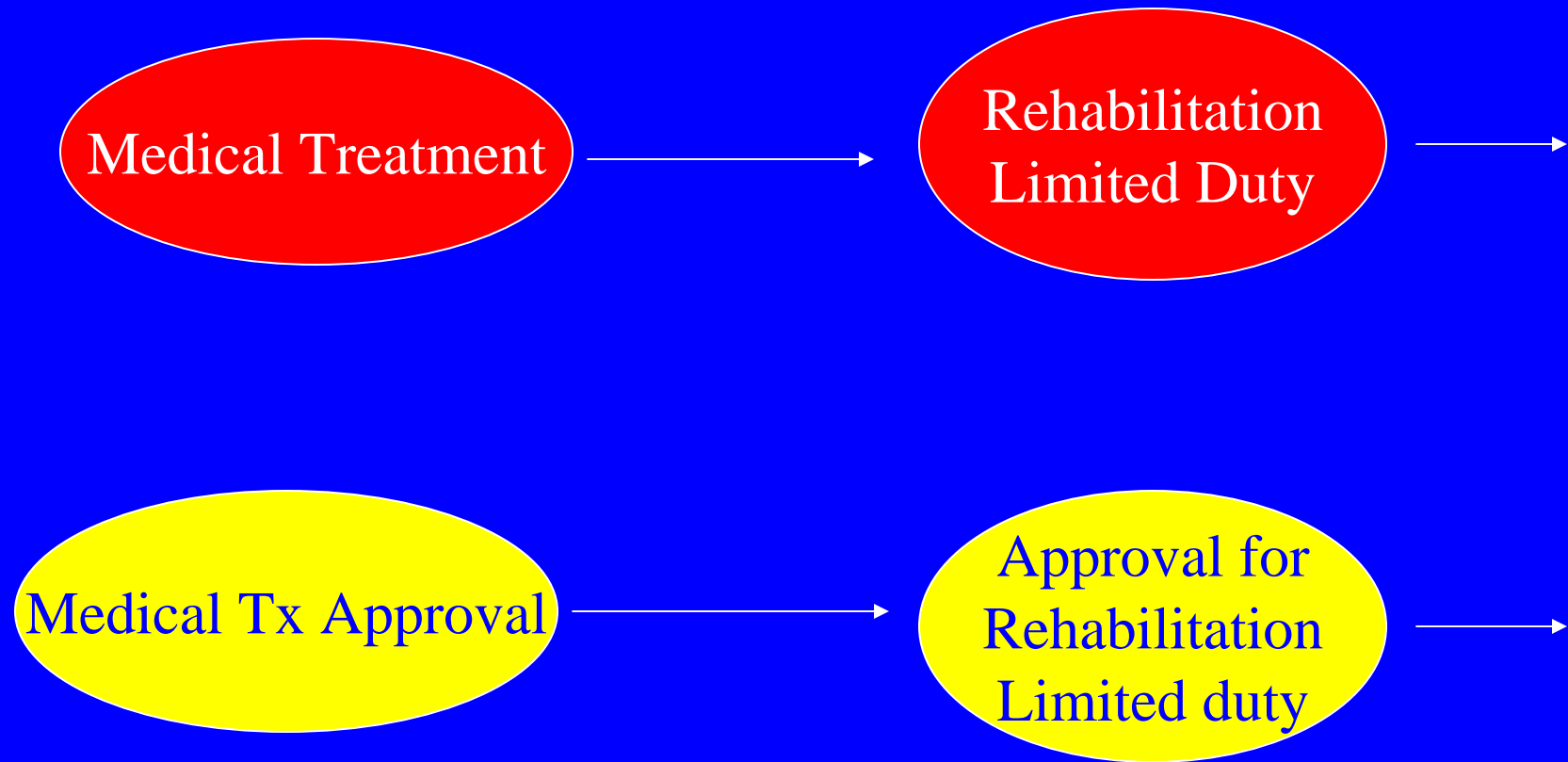
- SC810.3.5.1.8. Provide a representative to actively participate in the activity FECA Working Group.

CLINIC WC PROGRAM MGMT FLOW CHART

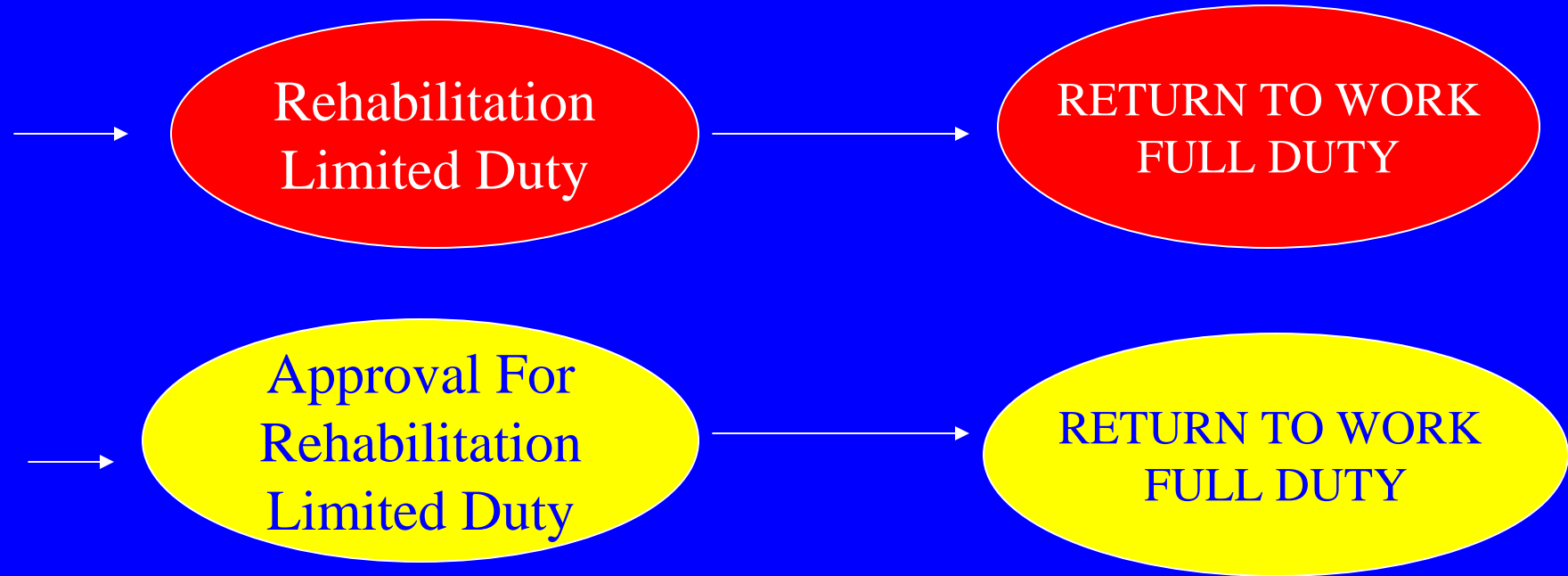


Administrative Medical Review Process
Parallels Medical Treatment of Injured/Ill
Worker

CLINIC WC PROGRAM MGMT FLOW CHART



CLINIC WC PROGRAM MGMT FLOW CHART



WC MEDICAL REVIEW CONSULTATION: A KEY TOOL FOR MEDICAL CASE MANAGEMENT OF A FECA CLAIM

- REMEMBER, THE BASIC FOUNDATION OF A WORKERS COMP CLAIM IS THE MEDICAL DIAGNOSIS!!
- CONSEQUENTLY, IT IS ABSOLUTELY ESSENTIAL THAT EVERY CLAIM FILE SUBMITTED TO OWCP FOR DETERMINATION OF ACCEPTANCE HAS AN AGENCY PHYSICIAN WRITTEN REVIEW INCLUDED

WC MEDICAL REVIEW CONSULTATION: A KEY TOOL FOR MEDICAL CASE MANAGEMENT OF A FECA CLAIM

- REVIEWS SHOULD INCORPORATE AN EVIDENCE BASED MEDICINE APPROACH INCLUDING APPROPRIATE MEDICAL LITERATURE REFERENCES
- THE INITIAL WRITTEN REVIEW SUBMITTED TO OWCP SHOULD COMMENT ON MAINLY WORK RELATEDNESS OF INJURY/ILLNESS
- SUBSEQUENT WRITTEN REVIEWS CAN COMMENT UPON APPROPRIATENESS OF TX, RETURN TO WORK STATUS, ETC.

WC MEDICAL REVIEW CONSULTATION: A KEY TOOL FOR MEDICAL CASE MANAGEMENT OF A FECA CLAIM

- A CLAIM FILE WITHOUT AN AGENCY MEDICAL OPINION TO COUNTERBALANCE CLAIMANT MEDICAL DOCUMENTATION IS BASICALLY GIVING MONEY AWAY
- PROVIDES VALUABLE GUIDANCE TO ICPAs ON HOW TO PROCEED WITH MANAGEMENT OF CASES

WC MEDICAL REVIEW CONSULTATION: REVIEW OF CARE BY OUTSIDE TREATING PHYSICIAN

- **PROVIDES IMPORTANT MEDICAL
INPUT TO DOL/DESIGNATED
PRIMARY TREATING PHYSICIAN
FROM THE INVOLVED AGENCY**
 - *RETURN TO WORK*
 - *LIGHT DUTY*
 - *ACCOMODATION*
 - *APPROPRIATENESS OF MEDICAL CARE PLAN*
 - *WELL RECEIVED BY DOL CLAIMS REVIEWERS*

WC MEDICAL REVIEW CONSULTATION: ADMINISTRATIVE LAW PROCEEDINGS

- FOR CONTROVERTED CASES THAT END UP BEFORE THE ADMINISTRATIVE LAW JUDGE FOR A DETERMINATION, THE AGENCY CANNOT GIVE ORAL ARGUMENTS AND MUST DEPEND ON THE CASE FILE DOCUMENTATION TO REPRESENT ITS VIEWPOINT



WC MEDICAL REVIEW

CONSULTATION: CASE EXAMPLES

- 63 Y/O RETIRED SHIPYARD WORKER (WORKED AT CHARLESTON NSY) FILES FOR COMPENSATION DUE TO ASBESTOSIS
 - PATIENT A HEAVY SMOKER WITH MILD-MODERATE COPD
 - CXR/CHEST CT SCAN SHOW NO EVIDENCE OF PARENCHYMAL INFILTRATES C/W ASBESTOSIS.
 - ABNORMAL PFT C/W COPD
 - PULM CONSULTANT FOR PATIENT STATED PATIENTS PROBLEMS COULD BE DUE TO ASBESTOS EXPOSURE
 - MEDICAL REVIEW CONSULTATION LETTER STATED DOCUMENTATION SUBMITTED NOT C/W ASBESTOSIS
 - CLAIM DENIED

WC MEDICAL REVIEW

CONSULTATION: CASE EXAMPLES

- 43 Y/O BASE AUTOSHOP EMPLOYEE HAS A HISTORY OF SEVERE OTOSCLEROSIS DUE TO CHRONIC ETD WITH SIGNIFICANT HEARING LOSS PER CIV ENT (CLAIM IS 10 YEARS OLD AND EXAMINED UNDER OWCP PERIODIC REVIEW PROTOCOL)
 - UNDERGOES MIDDLE EAR SURGERY WITH POOR OUTCOME-INTERMITTENT SEVERE VERTIGO
 - FILES WC CLAIM STATING HIS ETD WAS DUE TO TOXIC CHEMICAL EXPOSURE AT THE AUTOSHOP.
 - IH SURVEYS OF AUTOSHOP SHOWED NO EXCESS LEVELS OF SOLVENTS USED THERE
 - CIV ENT (A UNIVERSITY PROFESSOR!) EMPHATICALLY STATES THE PATIENTS CONDITION WAS DIRECTLY ATTRIBUTABLE TO HIS OCCUPATIONAL EXPOSURE
 - CIV ENT FAILS TO NOTE THE PATIENT IS A HEAVY SMOKER!
 - INTERESTINGLY, REVIEW OF THE MEDICAL LITERATURE INCONCLUSIVE AS TO THE CAUSE OF ETD INCLUDING SMOKING
 - UNABLE TO CONTROVERT CASE SUCCESSFULLY WITH SUBMITTED MEDICAL REVIEW CONSULTATION TO OWCP

WC MEDICAL REVIEW

CONSULTATION: CASE EXAMPLES

- 64 Y/O WHITE MALE FORMERLY EMPLOYED AT A NSY FILES A WC CLAIM FOR A HIP INJURY
 - PATIENT CURRENTLY AWAITING A HIP REPLACEMENT DUE TO AVASCULAR OSTONECROSIS
 - PATIENT FELL ON HIP 10 YEARS PRIOR WHILE WALKING DOWN A GANGPLANK
 - SEEN IN DISPENSARY AND DX WITH A MINOR SOFT TISSUE HIP INJURY
 - WENT BACK TO WORK THE NEXT DAY AND NO PROBLEMS WITH THE HIP UNTIL NOW
 - PATIENT A HEAVY DRINKER AND SMOKER
 - PATIENT'S ORTHO PHYSICIAN OPINES IT IS POSSIBLE PATIENT'S INJURY 10 YEARS AGO COULD HAVE BEEN A CONTRIBUTING FACTOR
 - MEDICAL REVIEW CONSULTATION SUBMITTED TO OWCP STATING MEDICAL LITERATURE SUPPORTS PATIENTS HEAVY DRINKING AND SMOKING PROBABLY CAUSATIVE AND NOT REMOTE MILD HIP TRAUMA.
 - CLAIM NOT ACCEPTED BY OWCP

WORKERS COMPENSATION MEDICAL REVIEW CONSULTATION: WORK PRODUCT EXAMPLE

1

Case #0000000

Naval Base
101 Bauss Ave.
Washington MD 20889

07 April 04

U.S. Department of Labor
Office of Workers' Compensation Programs
800 North Capitol Street, NW Room 800
Washington, D.C., 20211

Subj: MEDICAL REVIEW OF WORKERS' COMPENSATION CASE INVOLVING
JANE DOE, CASE #00000000

References:

- (1) DOL Form CA-2a, Notice of Recurrence with Continuation Sheets, Jane Doe, dated 16 Mar 00
- (2) DOL Form CA-20, Attending Physician's Report, Dr. Black, MD, dated 3 Mar 00
- (3) Clinic Letter to DOL from Dr. Black dated February 18, 2004
- (4) DOL Form CA-20a, Attending Physician's Supplemental Report, Dr. Black, MD, dated 12/3/99
- (5) Clinic Letter to DOL from Dr. Black dated February 24, 1997
- (6) Cocchiarella L ed. Guides to the Evaluation of Permanent Impairment. 5th Ed. AMA 2001.
- (7) Reed, P ed. The Medical Disability Advisor. 4th Ed. Reed Group 2001. pp. 1328
- (8) Barton S ed. Clinical Evidence. Issue 6, British Medical Journal Group. Dec 2001. pp 819-827

Background

The workers' compensation case of Mrs. Jane Doe was reviewed at the request of Ms. May Brown, Injury Compensation Program Administrator, Naval Base, Washington, MD. Ms Jane Doe is a 56 year old administrative employee at the Base who filed a notice of recurrence for compensation of occupational disease in March 2000¹. Her initial claim was accepted in 1996 for aggravation of chronic fatigue immune dysfunction syndrome (CFIDS). This letter and the references contained it should be made part of the accepted medical facts of this case.

Medical History

Ms. Jane Doe was first diagnosed with CFIDS in 1988 by her primary care physician, Dr. Black. Per Dr. Black's clinic letter, Ms Doe was out of work for approximately one year. She then became "stabilized" and missed cumulatively only approximately one week a year until 1997 when she suffered an exacerbation secondary to personal stress brought on by be assigned to temporary duty.⁵ Since then she has missed 160, 792, 300 and 1440 work hours respectively. Per her statement, she was getting better and then worsened in 1999.¹ She has worked full time only sporadically and has mainly worked part time. In 1999, she was diagnosed with rheumatoid arthritis, hypothyroidism, Lyme disease, and hypocortisolism. Her present medications include Effexor (anti-depressant), Florinef (mineralocorticoid), Armour Thyroid, Nystatin (anti-fungal), Diflucan (anti-fungal), Augmentin (antibiotic), Wellbutrin (anti-depressant), magnesium with B12, Xylocaine injections, and Lidocaine patches. Additional recommendations include weekly massage therapy treatment, 9-12 hours of daily rest/sleep, monthly medical evaluations, avoid stress, daily physical stretching/strengthening treatments included.^{2,3,4}

Causation

The diagnosis of CFIDS is controversial since there are no specific confirmatory tests.⁸⁻¹³ CFIDS is mainly considered a diagnosis of exclusion since one of the criteria is that a person does not have any other disease that could cause fatigue. Other criteria are based on signs and symptoms shared by many illnesses. Various etiologies have been examined with no consistent findings of causation. Viruses, etc have all proven to be

Causation

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Impairment and Disability

Ms. Doe has been off of work completely since 6 Feb 00 claiming she is exhausted, lethargic, and in constant pain. She also suffers from a chronic sore throat and swollen lymph nodes. Prior to that, she has worked a 40 hour week very sporadically. Her

current administrative position involves handling telephone call for the base commander. It involves mainly desk work and can be classified as sedentary. Per The Medical Disability Advisor, the maximum length of disability for the diagnosis of chronic fatigue would be 728 days, which Ms. Doe is beyond since her claim was accepted in 1997⁷. The mean is 61 days. Using the AMA guidelines would rate her impairment presently as based on fatigue⁶.

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Conclusion

Ms. Doe's present condition can be attributed solely to her having been diagnosed in 1999 with Lyme disease, rheumatoid arthritis, hypothyroidism, and hypocortisolism. All of these conditions can contribute or be a direct cause to her debilitating fatigue, cognitive dysfunction, muscular/joint pain and stiffness. **None of these conditions can be attributed to Ms. Doe's work environment.** Moreover, her work is not a factor as she has worked mainly part time since 1997. It also does not require any heavy physical labor. One can argue that she does not have CFIDS anymore since she carries more than one diagnosis, which can explain her condition. However, all efforts should be made in her work setting to allow for accommodations such as alternate work schedule, telecommuting, etc. **If she cannot work in a meaningful manner, then she should be considered for disability retirement, not workers compensation.**

John P Jones MD MPH CIME
Commander, Medical Corps, United States Navy
FECA Medical Consultant, Naval Base Washington

WC MEDICAL REVIEW CONSULTATIONS: THE CASE FOR RESERVIST INVOLVEMENT



THE “ONE NAVY” APPROACH

MEDICAL REVIEW CONSULTATIONS: THE CASE FOR RESERVIST INVOLVEMENT

- ONE RESERVIST CAN POTENTIALLY SAVE THE NAVY SEVERAL THOUSANDS OF DOLLARS TO A MILLION DOLLARS WITH A WEEKENDS WORTH OF WORK
- CLAIMS ARE SENT FROM ICPA TO PHYSICIAN FOR REVIEW VIA FEDEX
- CLAIMS CAN POTENTIALLY IN THE FUTURE BE REVIEWED REMOTELY THROUGH ACCESS FROM A SECURE SERVER AND A WRITTEN OPINION SUBMITTED ONLINE
- RESERVIST COULD POTENTIALLY DO WORKERS COMP MEDICAL CASE REVIEWS FROM THEIR HOME, OBVIATING THE NEED TO TRAVEL. (ESPECIALLY ATTRACTIVE TO THOSE RESERVISTS IN VTUs)

MEDICAL REVIEW CONSULTATIONS: THE CASE FOR RESERVIST INVOLVEMENT (CONT'D)

- INITIALLY WOULD FOCUS ON GETTING RESERVE OCCUPATIONAL MEDICINE PHYSICIANS TO DO THE REVIEWS
- COULD THEN TRAIN NON-OCCUPATIONAL MEDICINE PHYSICIANS TO DO THE REVIEWS. WOULD ASSIGN CASES INITIALLY IN THEIR FIELD OF EXPERTISE

WC MEDICAL REVIEW CONSULTATION PROGRAM PERSONNEL

- **OCCUPATIONAL MEDICINE PHYSICIAN**
 - AMERICAN BOARD OF INDEPENDENT MEDICAL EXAMINERS (ABIME)
CERTIFICATION (RECOMMENDED)
 - MEDICAL REVIEW OFFICER (MRO)
CERTIFICATION (RECOMMENDED)

WC MEDICAL REVIEW CONSULTATION PROGRAM PERSONNEL

- **OCCUPATIONAL HEALTH NURSE**
 - OWCP WILL NOT ACCEPT WRITTEN OPINIONS FROM OTHER HEALTH CARE PROVIDERS THAN A PHYSICIAN.
 - HOWEVER, NON-PHYSICIAN PROVIDERS CAN PREPARE THE “CASE FILE” IN ORDER FOR THE PHYSICIAN TO WRITE AN OPINION
 - CERTIFIED LEGAL NURSE CONSULTANT (RECOMMENDED)
 - CERTIFIED OCCUPATIONAL HEALTH NURSE (RECOMMENDED)

WC MEDICAL REVIEW CONSULTATION PROGRAM RESOURCES

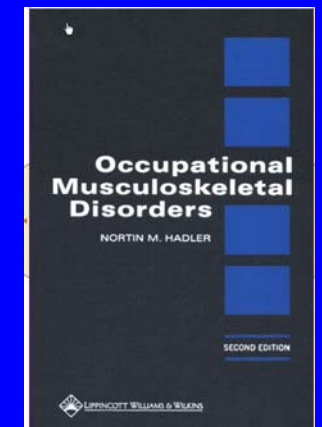
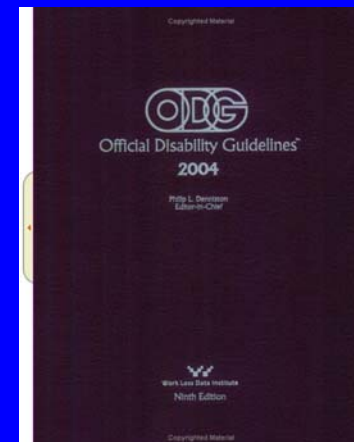
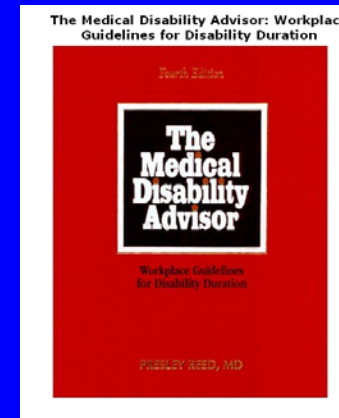
- **COMPUTER SUPPORT FOR BENCHMARKING**
 - DATABASE SET-UP FOR TRACKING CASES, CASE RESULTS, PERSONNEL HOURS, AND COST SAVINGS
- **TRAINING**
 - AMA (AMERICAN MEDICAL ASSOCIATION) IMPAIRMENT COURSE
 - ABIME CERTIFICATION COURSE AND TEST
 - MRO CERTIFICATION COURSE AND TEST
 - CERTIFIED NURSE LEGAL CONSULTANT COURSE AND TEST
 - CERTIFIED OCCUPATIONAL HEALTH NURSE CERTIFICATION TEST

WC MEDICAL REVIEW CONSULTATION PROGRAM RESOURCES

- CONFERENCES
 - FECA ANNUAL CONFERENCE
 - DCPMS IC/UC ANNUAL CONFERENCE
- MEETINGS
 - MONTHLY CASE REVIEWS

WC MEDICAL REVIEW CONSULTATION PROGRAM RESOURCES

- **SELECTED
REFERENCE BOOKS**
 - THE MEDICAL
DISABILITY
ADVISOR
 - AMA GUIDES TO
THE EVALUATION
OF PERMANENT
IMPAIRMENT,
FIFTH EDITION
 - OFFICIAL
DISABILITY
GUIDELINES
 - NM HADLER, OCC
MUSC D/O



WC MEDICAL REVIEW CONSULTATION PROGRAM RESOURCES

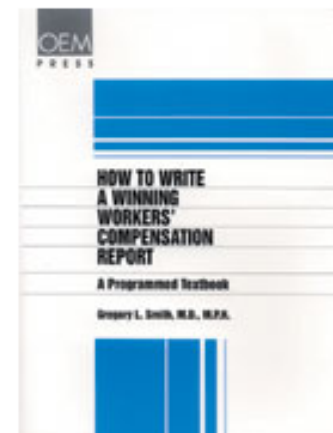
How to Write a Winning Workers Compensation Report: A Programmed Textbook

Gregory L. Smith, MD, MPH

This unique book is the ideal companion to the AMA Guide to the Evaluation of Permanent Impairment. Dr. Gregory Smith reveals his strategies for constructing, formatting, and writing winning workers comp reports under every state and Federal system.

It helps you with using and understanding medical terminology and composing your report so lawyers, judges and insurance claims personnel can easily follow complicated medical reasoning, as well as teaches you the four Rs of a winning report: Rateable, Readable, Reliable, and Ready. Also included are tips on scheduling, conducting patient interviews and properly recording and translating medical observations into pertinent legal descriptions.

Designed for self instruction, this book will help you build a reputation for writing clear, and effective reports whether you are drafting your first workers comp report or trying to improve your level of skill. Case studies throughout the text let you practice and apply what you have learned. In addition, an examination at the end of the book test your new skills. The workers compensation report you prepare could be one of several submitted for the same patient. Make sure yours is the most persuasive.



DOCUMENTATION OF TIME SPENT BY PHYSICIANS DOING WORKERS COMPENSATION MANAGEMENT

- ENTER PATIENTS UNDER THEIR OWN SSN AS A 20/
- IN ALTHA, THERE ARE E&M (EVALUATION AND MANAGEMENT) CODES FOR PHYSICIANS INVOLVED IN WORKERS COMPENSATION

IMPORTANT E&M CODES FOR PHYSICIANS INVOLVED IN WC MEDICAL REVIEW CONSULTATION

- TEAM CONFERENCE < 30 MIN-99361
- TEAM CONFERENCE/WALK THROUGH,
60 MIN-99362
- RECORD REVIEW-99358
- WORK RELATED/MEDICAL DISABILITY
EXAM BY TREATING PHYSICIAN-99455
- DISABILITY EXAMINATION-99456

CONTACT INFORMATION

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